

KANSAS MEDICAID STATE PLAN

Attachment 4.19-D

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Methods and Standards for Establishing Payment Rates - Skilled Nursing and Intermediate Care Facility Rates (NF and NFs/MH)

AMS 1100

Minimum Wage Pass-Through Instructions for Completing The Minimum Wage Report

Purpose:

The purpose of this report is to verify and determine the additional cost of bringing employee salaries up to the minimum wage requirements on October 1, 1996 and September 1, 1997. The minimum wage pass-through is effective October 1, 1996.

Submittal Instructions:

1. Send two copies of the completed Minimum Wage Report and the supporting documentation to the following address:

Kansas Department of Social and Rehabilitation Services
Adult and Medical Services Commission
Nursing Facility Reimbursement Program
6th Floor , Room 628S - Docking State Office Building
Topeka, Kansas 66612

2. All inquiries upon submission of these forms should be directed to the Administrator, Nursing Facility Reimbursement, Adult and Medical Services Commission at (913) 296-0703.

General Instructions:

1. Complete the forms accurately and legibly.
2. Use an additional Page 1, if there are more employees than the 17 lines available.
3. Enter the provider number in the blank space provided at the top of each page. This is the number assigned by SRS that currently begins with 4 and contains six digits. Effective November 1, 1996, the provider number will be ten digits, beginning with "10" for nursing facilities and "15" for nursing facilities - mental health.

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Minimum Wage Report

Page 1:

Fill in the name of the facility, address, provider number, phone number and report year end used for cost reporting on the Nursing Facility Financial and Statistical Report (MS2004). In most cases, the report year end will be December 31st.

Column 1 List the employee name.

Columns 2 Place an "X" in the column appropriate for part-time for full time
and 3 employees.

Column 4 Enter the number of hours the employee works during the week.

Column 5 This column will reflect the minimum hourly wage. Providers should request the minimum wage increase, effective 10/01/96, on the report form reflecting \$4.75 in column 5. Providers should request the minimum wage increase, effective 09/01/97, on the report form reflecting \$5.15 in column 5.

Column 6 Report the hourly rate of the employee just prior to October 1, 1996 or September 1, 1997.

Column 7 Enter the difference between column 5 and column 6. The minimum wage pass-through reimbursement is not available if the amount entered in column 7 is zero or negative.

Column 8 Enter the estimated hours the employee works per year. This number can represent the hours reported in column 4 multiplied by 52 weeks.

Column 9 The annual estimated cost is the hourly rate variance in column 7 multiplied by the estimated hours per year in column 8.

Line A Subtotal Estimated Annual Cost - Add each line in column 9 and enter the total on line A. If continuation sheets are used, enter the sum of the estimated cost for each line in column 9 on the last page.

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Page 2:

Enter the provider name and number.

- Line B Subtotal Estimated Annual cost - Enter the subtotal from Page 1 (or continuation sheet), Line A.
- Line C Employee Benefits
- C-1 Enter subtotal from line B.
- C-2 Enter the employers percentage of benefits and payroll taxes. This includes the Social Security Tax (FICA), the unemployment contributions, retirement benefits etc. It is acceptable to divide the total benefit lines by the total salary lines in the last cost report (MS2004) submitted to determine the employers percentage.
- C-3 Multiply the salary costs in C-1 by the percentage of benefits in C-2 and enter the benefit cost in C-3.
- Line D Enter the sum of line B and line C-3.
- Line E Enter the actual residents days reported on the last cost report (MS2004) filed. The 85% minimum occupancy requirement does not apply.
- Line F Divide line D by line E and enter the minimum wage per diem factor.
- Line G Submit copies of payroll registers that reflect the employee and hourly rate shown on the Minimum Wage Report. Payroll registers should be submitted for the payroll period just before October 1, 1996 or September 1, 1997, and the payroll period including October 1, 1996 or September 1, 1997, which reflects the new minimum wage. Payroll registers or journals are not needed for employees not listed on the Minimum Wage Report.
- Line H The signature of the administrator and/or preparer must be included in the report or it will not be processed.

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MINIMUM WAGE REPORT
09/01/97

AMS 1100
Page 1

PROVIDER NAME: _____

PROVIDER PHONE #: _____

PROVIDER ADDRESS: _____

REPORT YEAR END _____

PROVIDER NUMBER: _____

(1)	(2) Part Time	(3) Full Time	(4) Hrs. Per Week	(5) Hourly Rate 9/1/97	(6) Hourly Rate Pre 9/1/97	(7) Variance Col 5-Col 6	(8) Estimated Hours Per Year	(9) Est. Cost Col 7 x Col 8
1				\$5.15				
2				\$5.15				
3				\$5.15				
4				\$5.15				
5				\$5.15				
6				\$5.15				
7				\$5.15				
8				\$5.15				
9				\$5.15				
10				\$5.15				
11				\$5.15				
12				\$5.15				
13				\$5.15				
14				\$5.15				
15				\$5.15				
16				\$5.15				
17				\$5.15				

A. SUBTOTAL ESTIMATED ANNUAL COST

TN#MS 06 11 Approval Date FEB 27 1997 Effective Date 10/01/97 Supersedes TN#MS 91-42 92-10

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Methods and Standards for Establishing Payment Rates - Skilled Nursing and Intermediate Care Facility Rates (NF and NFs/MH)

MINIMUM WAGE REPORT 10/01/96

AMS 1100
Page 1

PROVIDER NAME: _____

PROVIDER PHONE #: _____

PROVIDER ADDRESS: _____

FISCAL YEAR END _____

PROVIDER NUMBER: _____

(1)	(2) Part Time	(3) Full Time	(4) Hrs. Per Week	(5) Hourly Rate 10/1/96	(6) Hourly Rate Pre 10/1/96	(7) Variance Col 5-Col 6	(8) Estimated Hours Per Year	(9) Est. Cost Col 7 x Col 8
1. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
2. _____	_____	_____	_____	\$4.75	_____	_____	_____	_____
3. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
4. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
5. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
6. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
7. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
8. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
9. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
10. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
11. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
12. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
13. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
14. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
15. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____
16. _____	_____	_____	_____	\$4.75	_____	_____	_____	_____
1. _____ NAME	_____	_____	_____	\$4.75	_____	_____	_____	_____

A. SUBTOTAL ESTIMATED ANNUAL COST

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Page 2

PROVIDER NAME: _____

PROVIDER NUMBER: _____

B. SUBTOTAL ESTIMATED ANNUAL COST (from Page 1, Item A) _____

C. EMPLOYEE BENEFITS:

1. SUBTOTAL B COSTS (ABOVE) _____

BENEFITS: EMPLOYER PERCENTAGE x _____

3. SUBTOTAL BENEFITS COST + _____

D. TOTAL SALARY AND BENEFIT COST (B + C) _____

E. RESIDENT DAYS FROM LAST COST REPORT _____

F. MINIMUM WAGE PER DIEM FACTOR (DIVIDE LINE D BY LINE E) _____

G. SUBMIT COPIES OF PAYROLL REGISTERS, JOURNALS, ETC., REFLECTING THE INDIVIDUALS INCLUDED IN THE MINIMUM WAGE REPORT FOR THE PERIOD JUST BEFORE THE OCTOBER 1, 1996 AND SEPTEMBER 1, 1997 MINIMUM WAGE INCREASES AND THE PERIOD JUST AFTER THE MINIMUM WAGE INCREASES REFLECTING THE NEW MINIMUM WAGE.

H. I CERTIFY THAT THIS INFORMATION IS CORRECT AND THE STAFFING INFORMATION CAN BE VERIFIED BY PAYROLL RECORDS.

SIGNATURE OF ADMINISTRATOR

LICENSE NUMBER

DATE

SIGNATURE OF PREPARER (IF DIFFERENT)

TITLE

DATE

Kansas Medicaid Plan

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Public process for proposed changes in NF and NF/MH payment rates or payment methodologies. The State has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

TN#MS-98-06 Approval Date JUN 26 1998 Effective Date July 1, 1998 Supersedes TN N/A

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Methods and Standards for Establishing Payment Rates
--Intermediate Care Facilities (ICFs/MR)

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Part II Subpart A	Intermediate Care Facilities for Mentally Retarded (ICFs/MR) definitions
Subpart B	ICF-MR - Changed or new provider
Subpart C	ICF-MR provider agreement
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Subpart E	ICF-MR standards for participation
Exhibit E-1	(42 CFR 442.1 through 442.254)
Exhibit E-2	(42 CFR 483.400 through 483.480)
Subpart F	ICF-MR admission procedures
Exhibit F-1	(42 CFR 440)
Subpart G	ICF-MR certification and recertification by physicians
Subpart H	ICF-MR inspection of care and utilization review
Subpart I	ICF-MR personal needs fund
Subpart J	ICF-MR prospective reimbursement
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Subpart M	ICF-MR heavy care
Subpart N	ICF-MR cost reports
Exhibit N-1	(Instructions for completing the ICF-MR Financial and Statistical Report (Form MH&RS-2004))
Exhibit N-2	(ICF-MR Financial and Statistical Report)
Subpart O	ICF-MR rates of reimbursement
Exhibit O-1	(reserved)
Exhibit O-2	(rate notification letter)
Exhibit O-3	(reserved)
Exhibit O-4	(Kansas Statutes Annotated)
Subpart P	ICF-MR rates; effective dates
Exhibit P-1	(42 CFR 442.13)
Subpart Q	ICF-MR payment of claims
Subpart R	ICF-MR reserve days
Subpart S	ICF-MR non-reimbursable costs
Subpart T	ICF-MR costs allowed with limitations
Subpart U	ICF-MR revenues
Subpart V	ICF-MR compensation of owners, spouses, related parties and administrators

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Subpart W	ICF-MR ownership reimbursement fee
Subpart X	ICF-MR interest expense
Subpart Y	ICF-MR central office costs
Subpart Z	ICF-MR client days
Subpart AA	ICF-MR reimbursement for nurse aide training for FY 1990
Subpart BB	Appeal Procedures
Exhibit BB-1	(Kansas Statutes Annotated)
Exhibit BB-2	(Kansas Administrative Regulations)

30-10-200 (1)

30-10-200. Intermediate care facilities for mentally retarded (ICF's-MR) definitions. (a) "Accrual basis of accounting" means that revenue of the provider is reported in the period when it is earned, regardless of when it is collected, and expenses are reported in the period in which they are incurred, regardless of when they are paid.

(b) "Adequate cost and other accounting information" means that the data, including source documentation, is accurate, current, and in sufficient detail to accomplish the purposes for which it is intended. Source documentation, including petty cash pay out memoranda and original invoices, shall be valid only if it originated at the time and near the place of the transaction. In order to provide the required costs data, financial and statistical records shall be maintained in a manner that is consistent from one period to another. This requirement shall not preclude a beneficial change in accounting procedures when there is a compelling reason to effect a change of procedures.

(c) "Agency" means the Kansas department of social and rehabilitation services.

(d) "Ancillary services and other medically necessary services" mean those special services or supplies for which charges are made in addition to routine services. This includes oxygen. The purchase of oxygen gas shall be reimbursed to the oxygen supplier through the social and rehabilitation services' fiscal agent or the fiscal agent may reimburse the ICF-MR directly if an oxygen supplier